MURFREESBORO WATER AND SEWER DEPARTMENT

POOL ADJUSTMENT REQUEST FORM

I or We, _____ certify that the **POOL/POND/FOUNTAIN** was filled at _____ _____ on _____/_____/_____ by _____ and is now in good condition and free from leaks. In my opinion, the filling of the pool/pond/fountain was enough to increase the water bill used at the above address. I make an oath that matters set forth above are true and correct indicated by my below signature.

Signature: _____ **Date** ___/____/_____ **Phone** _____

*****THIS FORM DOES NOT RELIEVE RESPONSIBILITY OF PAYMENT. TO MAKE PAYMENT ARRANGEMENTS VISIT OUR OFFICE AND SIGN AN EXTENSION.*****

*****ONLY ONE LEAK CAN BE ADJUSTED ON AN ACCOUNT WITHIN A 12 MONTH PERIOD. THE SUMMER SEWER CREDIT AUTOMATICALLY DEDUCTS FOR LEAKS THAT OCCUR, FROM THE READING OF YOUR METER IN APRIL THROUGH OCTOBER. PLEASE CONTACT OUR OFFICE TO DETERMINE ELIGIBILITY *****

DO NOT WRITE BELOW THIS LINE

Approved for adjustment by: _____ **Cycle:** _____

Water & Sewer Department Representative

Customer/ Account Number _____

Adjustment **Customer Name** _____

Charge to _ Sewer Leak ____ Adjustment Amount _____._____ COMMENTS:_____

Charge to _Late Fee ____ Adjustment Amount _____._____ _____

Charge to _____ Adjustment Amount _____._____ _____

Charge to _____ Adjustment Amount _____._____ _____

Number of months adjusted: _____ **Date Completed** _____

******* PLEASE COMPLETE THE TOP PORTION OF THIS FORM AND RETURN IT TO THE BELOW ADDRESS OR FAX NUMBER. *******

Water and Sewer Department
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